

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Jim Costa For Congress**A.** Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Unlimited Transfer to NationalCandidate Name
Democratic Congressional Campaign Committee011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-5396

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Amount of Each Disbursement this Period

50000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.** Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Unlimited Transfer To NationalCandidate Name
Democratic Congressional Campaign Committee011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-5657

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Amount of Each Disbursement this Period

50000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.** Full Name (Last, First, Middle Initial)
Fresno Grizzlies

Mailing Address 1800 Tulare Street

City Fresno State CA Zip Code 93721-2505

Purpose of Disbursement
Donation-Terrys House

Candidate Name

012
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-425

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Amount of Each Disbursement this Period

896.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Visa Ca-
rd Services(09/05/08)

SUBTOTAL of Disbursements This Page (optional)

100000.00

TOTAL This Period (last page this line number only)

100000.00